



# INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad – 500 043

## Application for Examinership

1	Name of the Applicant	:				
2	Employee ID	:				
3	JNTUH Unique ID	:				
4	Designation	:				
5	Department	:				
6	Type of Leave	:	ACADEMIC LEAVE (AL)			
9	No. of Days Required	:				
10	Period	:	From		To	
11	Activity Name	:	Observer / Examiner / Spot Valuation / Others			
12	Name of the Institute and Place	:				
<b>Class Work Adjustment:</b>						
Date	Period Number	Class, Branch and Section	Alternative Arrangement		Signature	Date of Compensation
			Emp. ID	Name		
<b>Academic Leaves Availed in Current Academic Year:</b>						
S.No	Name	Report submitted	Date	Seminar presented	Date	
Date:						
						<b>Signature of the Applicant</b>
<b>Forwarding Remarks</b>						
Permitted / Not permitted						
Comments if any:						<b>Signature of HOD</b>
Approved / Not Approved						
Comments if any:						<b>PRINCIPAL</b>